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ABSTRACT

The Dysfunctional Attitude Scale (DAS) was developed to measure pervasive negative attitudes of a depressed person towards self, outside world, and future. The DAS follows Beck's construct of cognitive dysfunction. Two studies investigated the psychometric properties of the DAS and the relationship between cognition and affect in 300 normal graduate students and teachers. The first study examined internal consistency, test - retest reliability and correlation with the Beck Depression Inventory, the Profile of Moods States, and A Measure of Cognitive Distortions in Depression (hypothetical stories). In the second study, the original 100-item DAS was shortened by factor analysis to two 40-item parallel forms. The reliability of the two forms was confirmed, suggesting that future studies use the short rather than the 100-item version. In conclusion, preliminary findings indicated that negative cognitions are associated with depressed moods; furthermore, negative beliefs are more persistent than negative affect. The DAS (short version) is appended. (CP)

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DEVELOPMENT AND VALIDATION OF THE DYSFUNCTIONAL ATTITUDE SCALE: A PRELIMINARY INVESTIGATION

by

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Abstract

The development and validation of an instrument to identify the common assumptions underlying the typical idiosyncratic cognitions in depression is described. The two parallel forms of the scale, each consisting of 40 items, elicit information on an individual's dysfunctional beliefs which act as schemas by which he construes his world. Preliminary findings indicate: (1) a significant relationship between the salience of an individual's dysfunctional attitudes and the intensity of depression, and (2) a trend which implies that these negative beliefs may be more persistent over time than the negative affect.

For over 2,000 years, the study of depression has puzzled, mystified, and in general, been an area of controversy for both clinicians and research psychologists. At the same time, several attempts to understand the phenomenon have been made. During the last decade and a half, the focus of theory and investigations of the psychological correlates of depression has begun to shift from emphasis on a motivational-affective model towards a greater recognition of the cognitive processes.

While the analysis of clinical phenomena from a cognitive information-based perspective is not new (cf. Kelly, 1955, Rotter, Chance and Phares, 1972), recent years have witnessed a salient increase in efforts towards refining and operationalizing a "cognitive learning" approach (e.g., Bandura, 1969; Estes, 1971; Staats, 1972). A rapidly accumulating body of evidence and considerable speculation suggests that this convergence toward a cognitive-behavioral perspective holds substantial clinical promise (Bergen, 1970; D'Zurilla and Goldfried, 1971; Goldfried, Decenteceo and Weinberg, 1974; Lazarus, 1967, 1971, 1976; Meichenbaum, 1972; Ullman, 1970).

Several contemporary theories treat emotion essentially as response or as a complex of responses determined by cognitive processes. These theories seem to have stemmed from some pervasive ideas about human nature that can be traced through Aristotle, Thomas Aquinas, Diderot, Kant, and other philosophers, and are deeply rooted in Western civilization. These ideas are: (a) man is first and foremost a rational being; (b) rationality is basically good, emotionality basically bad; (c) reason (cognitive processes) should be used as a control and as a

substitute for emotion (Izard, 1977).

Ellis (1962) theorizes that emotions and self-evaluative thoughts are virtually one and the same thing. Arnold (1968), in support of Ellis, characterizes an emotion as a felt tendency toward an object (behavioral-motoric component) judged suitable or unsuitable (cognitive component), reinforced by specific bodily changes according to the type of affect (physiological-bodily component). Moreover, the Ellis-Arnold views are consistent with social psychological definitions of attitude. Attitude also is considered a tendency to evaluate an object or symbol in a certain way (Katz and Statland, 1959), with an affective as well as a predispositional response or behavioral component (Lott, 1973). Specifically, Ellis maintains that certain individuals have a tendency to think irrationally and that these irrational beliefs result in various forms of emotional upset. As seen from a social learning viewpoint, these irrational views take on the status of a persistent and well-learned set with which certain individuals approach life situations. The tendency for individuals to misinterpret situations may be construed as reflecting a well-learned, overgeneralized set. As suggested by Dollard and Miller (1950), our early social learning experiences teach us to label situations in varying ways. Emotional reactivity may result at times from the label attached to certain events not the situation that is labeled.

To supplement Ellis's rather straightforward presentation of his theoretical assumptions, several recent workers have outlined some broad categories of dysfunctional thought. The most precise delineation of a theory focusing upon the relationship between cognition and depressive affect occurs in the writing of Beck (1963, 1964, 1967,

1974, 1976). In contrast to many historical and popular views, Beck's thesis is that "the affective response is determined by the way an individual structures his experience" (Beck, 1967). Rejecting the notion that man is governed by powerful unconscious forces over which he frequently has little control, Beck locates the basic problem of emotional disturbances in man's misconceptions about himself, his irrational beliefs and faulty assumptions about reality.

Although Arnold (1960), experimental psychologists such as Richard Lazarus (1966), and clinicians such as Albert Ellis (1962), have clearly marked the route between thinking and emotion, they have not delineated the particular kinds of appraisals that lead to specific emotions. In fact, the vast literature in personality and social psychology hardly touches on the question of what ideational content in response to a noxious stimulus or a threat produces, respectively sadness, anxiety or anger. Granted that the initial appraisal may be a global "bad for me," the individual's unique interpretation of the noxious stimulus determines his emotional response (Beck, 1976).

By analyzing recorded interview material of depressed and non-depressed patients in psychotherapy, Beck (1963, 1964) found that depressed patients tended to distort their experiences in an idiosyncratic way; that is, they misinterpreted specific irrelevant events in terms of personal failure, deprivation, or rejection, or they tended to greatly exaggerate or overgeneralize any event that bore any semblance of negative information about themselves. From this, Beck theorized that "certain cognitive schemas become prepotent during depression, dominate the thought processes and lead to cognitive distortions"

(Beck, 1964). Furthermore, Beck believes these cognitions to be automatic, involuntary and to seem plausible to the patient. The meaning that an individual attaches to an object or a situation affects how he feels. In other words, the depressed person feels sad and lonely, for example, because he erroneously thinks he is inadequate and deserted.

Beck assigns a central role to the "cognitive triad" in depression; namely, pervasive negative attitudes that the depressed individual has towards himself, towards the outside world, and towards his future.

1. The view of self. The depressed patient's cognitive schemas that relate to self-assessment consist of seeing himself as deficient, inadequate, or unworthy. He will often attribute his unpleasant feelings and experiences to some kind of physical, mental, or moral defect within himself. He will then consider himself worthless because of his presumed defects, and will "reject" himself.

2. The view of the world. The depressed person tends to see his world as making exorbitant demands on him and as presenting obstacles that cannot be surmounted. He interprets his interactions with his environment in terms of defeat and failure, deprivation, or disparagement.

3. The view of the future. The depressed person's negative cognitive patterns that relate to the future become evident in his view that his current difficulties or suffering will indefinitely continue. Thus, he anticipates unremitting hardship, continued frustration, and never-ending deprivation. Such schemas essentially amount to a pervasive hopeless attitude.

The hallmark of the cognitive triad is that the negative evaluations comprise unrealistic, distorted, and illogical ways of thinking that do not correspond to reality. It is as though the depressed individual has been born with eyes that see only with great distortion, but give the illusion of seeing sharply and clearly. These distorted and illogical ways of thinking are manifest in the depressed person's tendencies to make extravagent use of the following processes: exaggeration or misinterpretation of events; the making of extreme, absolute judgments when certain situations occur; overgeneralizations from a single incident; focusing on one particular detail out of context and ignoring the more salient features of a situation; drawing inferences in the absence of, or even contrary to evidence; and extracting personally relevant meanings from unpleasant situations.

The cognitive conceptualization of depression has been subjected to studies in which the experimental manipulation of cognitive variables was undertaken and the effect of these manipulations on other variables relevant to depression was noted. Loeb, Feshbach, Beck and Wolf (1964) randomly assigned a group of depressed and nondepressed patients to an experimentally-induced superior and inferior performance condition. Prior to and immediately following the experimental task, the patients rated their own moods. Results showed that psychiatric patients in a superior performance group were more self-confident, rated themselves happier, and perceived others as happier than did patients in an inferior performance group. Depressed patients were more sensitive to task performance than nondepressed patients in estimating how they would do in a future task. The depressed patients also showed greater changes in self-ratings of their mood with task performance.

In a subsequent study (Loeb, Beck and Diggory, 1971), depressed outpatients were found to be significantly more pessimistic about their performance than were a matched control group of nondepressed patients. In actuality, however, the depressed patients performed as well as the control group. On a second task in this manipulation, the previous experience of success or failure had different effects on the actual performance of the two groups; success improved the performance of the depressed group, whereas failure improved the performance of the nondepressed group.

These findings suggest new approaches for treating depression and new ways in which the depressed person can learn to help himself. As a result of these studies, some psychotherapists are beginning to be concerned with the kinds of statements that people make to themselves or with which they "think". One such new approach, based on Beck's assumptions, is called Cognitive-Behavioral Therapy; it suggests that the individual's problems are derived largely from certain distortions of reality based on erroneous premises and assumptions. These incorrect conceptions originated in defective learning during the individual's cognitive development. Man can regard himself as being prone to learning erroneous, self-defeating notions and capable of unlearning or correcting them as well. Regardless of their origin, it is relatively simple to speculate a formula for treatment: The therapist helps a patient to unravel his distortions in thinking and to learn alternative, more realistic ways to formulate his experiences.

Of particular significance to this basic question of how undesirable affect can be severed from cognition is the widely known work of Schachter and his colleagues. Schachter's research supports the

contention that the emotional content of a reaction can be modified or eliminated if the cognitions related to the emotional reaction are changed. Such a contention assumes that emotional experiences always include cognitive aspects. The results of the study by Schachter and Singer (1962) showed that most of the subjects reported emotional experiences appropriate to the cognitions suggested by the experimenter. In a later review of this study, Schachter (1971) also concluded that emotions are joint cognitive-physiological experiences: "In nature... cognitive or situational factors trigger physiological processes, and the triggering stimulus usually imposes the label we attach to our feelings." The obvious implication for psychotherapists is that if their clients or patients can be induced to perceive differently those situations which produce disruptive feelings or emotions, their affect can be altered in a therapeutic fashion. In other words, the bonds between cognition and a given maladaptive emotion or feeling can be severed if the cognition is changed. Likewise, Beck has suggested that one can get to the emotional disorder through the person's thinking. The individual's reports of his ideas, feelings and wishes provide the raw materials for the cognitive model. It is a descriptive, empirical, observational method to deal with what people actually say and do. A depressed person, then, may be helped by changing his errors in thinking, i.e., his dysfunctional attitudes, rather than by concentrating on his depressed mood.

One of the basic difficulties and limitations affecting efforts to test the hypotheses inherent in this type of therapy is the present lack of objective methods to quantify the relative presence or absence of these cognitive distortions in individuals. If efficient and

convenient means for measurement were available, a number of fruitful avenues for research dealing with the formal thought processes in depression would be opened.

PURPOSES OF THE RESEARCH

The purpose of this research was in part methodological and in part substantive. The methodological aspects were to validate as measurable constructs the ideas that Beck has proposed as dysfunctional beliefs leading to "cognitive distortions" and to develop a written instrument that is sufficiently reliable and valid for research purposes to measure the extent to which persons hold these maladaptive beliefs. In other words, an attempt was made to design a scale aimed at identifying the common assumptions underlying a series of cognitions. These assumptions or beliefs act as schemas by which the individual's world is construed, a conceptualization very similar to that of the pioneering research of Jean Piaget, the Swiss psychologist, on the development of thinking patterns in children. The beliefs are unspoken, abstract regulations by which an individual has judged his own worth and direction and which he may apply to others. Many times these assumptions can be inferred by looking for common themes in a series of cognitions. For example, recurrent cognitions of being a failure when examined might reveal demands for perfection on each occasion. When this ideal is not met, the individual decides that he has failed and that he is, therefore, "a failure." The underlying assumption might be stated as "Unless I am doing a perfect job all the time to the best of my ability, I am a failure."

The substantive aspect of this research was to determine the relationship between these attitudes and depressive tendency as a preliminary investigation of Beck's position. It is hypothesized that negative cognitions are associated with depressed moods and that they are more persistent than negative affect. A question to be investigated is: Does cognition precede the affective response?

DEVELOPMENT OF THE DYSFUNCTIONAL ATTITUDE SCALE

Initial Item Pool

An initial pool of items was written by the first author with the goal that they should reflect the relative presence or absence of the appropriate distorted, idiosyncratic beliefs that characterize depressed patients in Beck's system. This scale was then administered to a group of residents in psychiatry at the University of Pennsylvania who were apprised of the purpose of the test and who provided their opinions regarding the face validity and comprehensibility of the items. Further modifications in wording were made on the basis of the opinions obtained from these sources, resulting in 100 items.

The test format used is that of the typical self-report attitude or value scale. For each belief or attitude (the items), seven response categories are presented (totally agree; agree very much; agree slightly; neutral; disagree slightly; disagree very much; totally disagree). On an a priori basis, the first author determined whether a disagreement or an agreement response indicates an adaptive or maladaptive reaction to the belief in question. Scaling is on a modified Likert (1932) model, with the adaptive end of the scale assigned an arbitrary value of one, the next category is two, etc. and, with zero being used for

omits on each item. Each individual, then, has a score for every item and, his total Dysfunctional Attitude score is simply the sum of the scores he received on each item. The higher the total score, the more distorted is the individual's way of thinking.

The studies reported below are preliminary investigations into both the psychometric properties of the Dysfunctional Attitude Scale (DAS) and the relationship between cognition and affect in normals.

Study I

Method:

Subjects. The data were obtained from 5 males and 20 females enrolled in a graduate course in educational psychology at Beaver College. Of this group, 2 individuals were black and 23 were white; all were employed full-time as teachers; 9 were single and 16 were married; and, the mean age was 30.08 years.

At the time of testing, none of the individuals were involved in therapy; however, 8 of them had had prior outpatient experiences. Of these 8 individuals, 87.5% evaluated their therapy sessions as successful.

Procedure. The subjects were given a packet of instruments to which they were asked to respond. The experimenter instructed each participant in the proper procedure to be followed in completing each of the measures. Eight weeks later the same packet of instruments was readministered to the 25 subjects.

Measures. The choice of instruments used was based upon a necessary conceptual resemblance among them in tapping the underlying construct, i.e., the idiosyncratic thinking characteristics of depressives.

It was necessary, also, to include instruments which purported to relate to the underlying construct and to which the DAS could be compared. The instruments chosen to perform this function included: (1) The Beck Depression Inventory (Beck, Ward and Mendelson, 1961), a 21-item self-reported measure of depressed mood. The reliability and validity of this instrument have been repeatedly confirmed (cf. Beck and Beamesderfer, 1974); (2) The Profile of Moods States (McNair, Lorr and Droppleman, 1971), a 65-item, 5-point adjective rating scale designed to measure subjective aspects of affect and mood. The six factor analytically derived mood states are tension-anxiety; depression-dejection; confusion; anger-hostility; vigor; and fatigue; and, (3) A Measure of Cognitive Distortions in Depression (Hammen and Krantz, 1976), hypothetical stories developed to ascertain the presence of specific examples of Beck's (1963, 1970) categorizations of the idiosyncratic thinking in depression. A preliminary validation study was reported (Hammen and Krantz, 1976).

Results:

Reliability

The internal consistency of the Dysfunctional Attitude Scale was estimated by means of coefficient alpha (Cronbach, 1951), with the resultant coefficient being .93. An estimation of the test-retest stability of the DAS was computed by correlating total scores on two administrations of the test, 8 weeks apart. This computation revealed a reliability coefficient of .71.

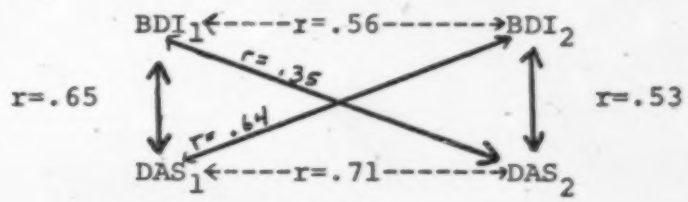
Validity

Results from the initial testing revealed that the DAS correlated .65 with the Beck Depression Inventory (BDI); .76 with the depression

scale of Profile of Moods States (POMS); and .62 with the Hammen and Krantz stories. These findings indicate a significant relationship between the salience of an individual's dysfunctional attitudes and the intensity of depression.

When the data were obtained from the second administration, the DAS correlations had dropped slightly, with the DAS now correlating .53 with the BDI; .62 with the POMS; and .60 with the Hammen and Krantz vignettes.

To test if this drop may have been due to the stability of one's beliefs (measured by the DAS) and the fluctuations of one's affect over time (BDI), a cross-lagged panel correlational design (Campbell, 1963; Crano, Kenny and Campbell, 1972; Pelz and Andrews, 1964) was set up to compare the BDI and DAS and to possibly allow the inference of causal relations from the correlational data. The resultant data were as follows:



When the specially designed Z-transformation reported in Kenny's (1975) article on cross-lagged panel correlations was applied to these data as a means of testing for differences in the diagonal (cross-lagged) correlations, results revealed Z= -1.52. This finding, although a little short of significance at the .05 level, seems to be in the direction of implying that the preponderant causal vector is one of thinking disorders causing affect changes (.64 vs .35); i.e.,

negative beliefs being more persistent over time than the negative affect in this group of 25 subjects.

Study II - Refinement of the DAS

The major criticism voiced by the 25 subjects in Study I of the DAS was the amount of time needed to complete the 100-items. In an attempt to balance brevity and reliability, the following statistical procedures were performed.

A population of 275 undergraduates (100 males and 175 females) at the Pennsylvania State University were administered the DAS. The data obtained from this population on the 100-items were subjected to a factor analysis and a method described in Gulliksen (1950) was employed to construct two parallel forms.

According to this procedure, each item was represented by a point on a scatter diagram, the abscissa of which represented the mean score on the item (or its popularity in the sample) and the ordinate its factor loading on Factor I (before rotation) of the analysis. Items which fell in the same approximate region were simultaneously matched and a circle drawn around them. One member of each group was then randomly assigned to a given subtest. All items having a factor loading less than .15 were dropped, with the resultant subtests being two forms of 40-items each.

In order to see if the two statistically derived forms of the DAS were in fact parallel, another testing was set up. Seventy undergraduates (20 males and 50 females) enrolled in a Child Development course at Montgomery Community College volunteered to participate. Each individual initially received Form A of the DAS and then one week

later was administered Form B. The correlation between total scores on Form A and Form B was .79. In addition, the mean score for Form A was 113.01 and for Form B, 113.73. The reliabilities of the two forms of the DAS were .86 and .87 respectively. These results suggest that future investigations into the psychometric properties of the DAS employ the 2 parallel froms of 40-items rather than the longer 100-item version.

Conclusions

The use of the Dysfunctional Attitude Scale (DAS) for the assessment of maladaptive beliefs in depressives has been shown to be practical, reliable, and valid. Although the studies described within this paper dealt with samples which were rather small, the findings indicate that the DAS warrants further investigation into the validity as a measure of distortions in thinking. This in-depth validation study of the DAS is presently being conducted by the first author as part of her doctoral dissertation.

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APPENDIX

DAS

FORM A

This Inventory lists different attitudes or beliefs which people sometimes hold. Read EACH statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, show your answer by placing a checkmark (✓) under the column that BEST DESCRIBES HOW YOU THINK. Be sure to choose only one answer for each attitude. Because people are different, there is no right answer or wrong answer to these statements.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like MOST OF THE TIME.

EXAMPLE:

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
1. Most people are O.K. once you get to know them.			✓				

Look at the example above. To show how much a sentence describes your attitude, you can check any point from totally agree to totally disagree. In the above example, the checkmark at "agree slightly" indicates that this statement is somewhat typical of the attitudes held by the person completing the inventory.

Remember that your answer should describe the way you think MOST OF THE TIME.

NOW TURN THE PAGE AND BEGIN

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DAS

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.							
1. It is difficult to be happy unless one is good looking, intelligent, rich and creative.							
2. Happiness is more a matter of my attitude towards myself than the way other people feel about me.							
3. People will probably think less of me if I make a mistake.							
4. If I do not do well all the time, people will not respect me.							
5. Taking even a small risk is foolish because the loss is likely to be a disaster.							
6. It is possible to gain another person's respect without being especially talented at anything.							
7. I cannot be happy unless most people I know admire me.							
8. If a person asks for help, it is a sign of weakness.							

(over)

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
9. If I do not do as well as other people, it means I am an inferior human being.							
10. If I fail at my work, then I am a failure as a person.							
11. If you cannot do something well, there is little point in doing it at all.							
12. Making mistakes is fine because I can learn from them.							
13. If someone disagrees with me, it probably indicates he does not like me.							
14. If I fail partly, it is as bad as being a complete failure.							
15. If other people know what you are really like, they will think less of you.							
16. I am nothing if a person I love doesn't love me.							
17. One can get pleasure from an activity regardless of the end result.							
18. People should have a reasonable likelihood of success before undertaking anything.							

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
19. My value as a person depends greatly on what others think of me.							
20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.							
21. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.							
22. People who have good ideas are more worthy than those who do not.							
23. I should be upset if I make a mistake.							
24. My own opinions of myself are more important than other's opinions of me.							
25. To be a good, moral, worthwhile person, I must help everyone who needs it.							
26. If I ask a question, it makes me look inferior.							
27. It is awful to be disapproved of by people important to you.							
28. If you don't have other people to lean on, you are bound to be sad.							

(over)

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
29. I can reach important goals without slave driving myself.							
30. It is possible for a person to be scolded and not get upset.							
31. I cannot trust other people because they might be cruel to me.							
32. If others dislike you, you cannot be happy.							
33. It is best to give up your own interests in order to please other people.							
34. My happiness depends more on other people than it does on me.							
35. I do not need the approval of other people in order to be happy.							
36. If a person avoids problems, the problems tend to go away.							
37. I can be happy even if I miss out on many of the good things in life.							
38. What other people think about me is very important.							
39. Being isolated from others is bound to lead to unhappiness.							
40. I can find happiness without being loved by another person.							

DAS

FORM B

This Inventory lists different attitudes or beliefs which people sometimes hold. Read EACH statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, show your answer by placing a checkmark (✓) under the column that BEST DESCRIBES HOW YOU THINK. Be sure to choose only one answer for each attitude. Because people are different, there is no right answer or wrong answer to these statements.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like MOST OF THE TIME.

EXAMPLE:

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
1. Most people are O.K. once you get to know them.			✓				

Look at the example above. To show how much a sentence describes your attitude, you can check any point from totally agree to totally disagree. In the above example, the checkmark at "agree slightly" indicates that this statement is somewhat typical of the attitudes held by the person completing the inventory.

Remember that your answer should describe the way you think MOST OF THE TIME.

NOW TURN THE PAGE AND BEGIN

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DAS

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.							
1. You can be a happy person without going out of your way in order to please other people.							
2. I have to impress new acquaintances with my charm, intelligence, or wit or they won't like me.							
3. If I put other peoples' needs before my own, they should help me when I want them to do something for me.							
4. It is shameful for a person to display his weaknesses.							
5. People will like me even if I am not successful.							
6. People who have the marks of success (good looks, fame, wealth) are bound to be happier than people who do not.							
7. I should try to impress other people if I want them to like me.							
8. If a person I love does not love me, it means I am unloveable.							

(over)

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
9. I ought to be able to solve my problems quickly and without a great deal of effort.							
10. If a person is indifferent to me, it means he does not like me.							
11. I should be able to please everybody.							
12. Others can care for me even if they know all my weaknesses.							
13. If people whom I care about do not care for me, it is awful.							
14. Criticism need not upset the person who receives the criticism.							
15. My life is wasted unless I am a success.							
16. People should prepare for the worst or they will be disappointed.							
17. I must be a useful, productive, creative person or life has no purpose.							
18. A person should think less of himself if other people do not accept him.							
19. I do not need other people's approval for me to be happy.							
20. I can enjoy myself even when others do not like me.							

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
21. My value as a person depends greatly on what others think of me.							
22. If I make a foolish statement, it means I am a foolish person							
23. If a person has to be alone for a long period of time, it follows that he has to feel lonely.							
24. A person should be able to control what happens to him.							
25. If a person is not a success, then his life is meaningless.							
26. A person doesn't need to be well liked in order to be happy.							
27. If someone performs a selfish act, this means he is a selfish person.							
28. I should always have complete control over my feelings.							
29. I should be happy all the time.							
30. If people consider me unattractive it need not upset me.							
31. Whenever I take a chance or risk I am only looking for trouble.							
32. A person cannot change his emotional reactions even if he knows they are harmful to him.							

(over)

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
33. I may be able to influence other people's behavior but I cannot control it.							
34. People will reject you if they know your weaknesses.							
35. People should be criticized for their mistakes.							
36. One should look for a practical solution to problems rather than a perfect solution.							
37. If I do well, it probably is due to chance; if I do badly, it is probably my own fault.							
38. The way to get people to like you is to impress them with your personality.							
39. Turning to someone else for advice or help is an admission of weaknesses.							
40. A person should do well at everything he undertakes.							